

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 396682**

1. Entity Name  
HERITAGE PAPER COMPANY, INC.



Principal Place of Business  
P O BOX 23517  
4011 MORTON ST.  
JACKSONVILLE, FL 32217

Mailing Address  
P O BOX 23517  
4011 MORTON ST.  
JACKSONVILLE, FL 32217



**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1381594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

PURSER, ROBERT F  
4011 MORTON ST.  
JACKSONVILLE, FL 32217

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PURSER, ROBERT F
STREET ADDRESS	7551 HOLLYRIDGE CIR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MURPHREE JR, JOHN A H
STREET ADDRESS	822 NW 107TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	D
NAME	PURSER, ROBERT F. JR.
STREET ADDRESS	10137 GOLF CLUB DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	POLK, SAMUEL
STREET ADDRESS	1721 GREEN ACRES DR
CITY-ST-ZIP	VIDALIA, GA 30474
TITLE	D
NAME	BUCKNER, JOHN H
STREET ADDRESS	4309 BLUE HERON DR
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert F Purser Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

904-737-6603